

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Erie Indemnity Company PAC-Federal

ADDRESS (number and street)

100 Erie Insurance Place

☐ Check if different than previously reported. (ACC)

Erie

PA

16530

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00153577

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gary D. Veshecco

Signature of Treasurer

Gary D. Veshecco

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 03 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Erie Indemnity Company PAC-Federal

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">149874.48</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">149562.25</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">25780.91</span>	<span style="border: 1px solid black; padding: 2px;">75618.68</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">175343.16</span>	<span style="border: 1px solid black; padding: 2px;">225493.16</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">71000.00</span>	<span style="border: 1px solid black; padding: 2px;">121150.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">104343.16</span>	<span style="border: 1px solid black; padding: 2px;">104343.16</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Erie Indemnity Company PAC-Federal

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 07 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 09 / 30 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

23341.06

62724.01

(ii) Unitemized .....

2439.85

12894.67

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

25780.91

75618.68

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

25780.91

75618.68

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

25780.91

75618.68

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

25780.91

75618.68

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52000.00	81000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	19000.00	40150.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71000.00	121150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71000.00	121150.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	25780.91	75618.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25780.91	75618.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Ron Webster**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2087.26

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : 6458375**

Amount of Each Receipt this Period

2087.26

Full Name (Last, First, Middle Initial)

**B. Glen Douglas Walton**

Mailing Address 104 ROSS ST

City State Zip Code  
ELKTON MD 21921-6114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
Property Claims Reinspector

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.44

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : PR390091010624**

Amount of Each Receipt this Period

76.70

P/R Deduction (\$17.56 Monthly)

Full Name (Last, First, Middle Initial)

**C. Brian W. Bolash**

Mailing Address 6215 BRANDY RUN

City State Zip Code  
FAIRVIEW PA 16415-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
Asst Secy & Sr Counsel-Corp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.26

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : PR390092810624**

Amount of Each Receipt this Period

113.86

P/R Deduction (\$20.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2277.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Karen A. Rugare**

Mailing Address 141 E 37TH ST

City  
ERIE

State  
PA

Zip Code  
16504-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
VP, Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : PR390102410624**

Amount of Each Receipt this Period

210.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Danielle M. Hermann**

Mailing Address 7335 APPLETON CT

City  
FAIRVIEW

State  
PA

Zip Code  
16415-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
Dir, Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : PR390102510624**

Amount of Each Receipt this Period

83.09

P/R Deduction (\$23.74 Monthly)

Full Name (Last, First, Middle Initial)

**C. Gregory A. Wieser**

Mailing Address 4644 STATE ST

City  
ERIE

State  
PA

Zip Code  
16509-3666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
Dir, Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.47

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : PR390102610624**

Amount of Each Receipt this Period

79.87

P/R Deduction (\$22.82 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

372.96

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Kathleen Felong Pietrusinski**

Mailing Address 4316 TROON AVE

City  
ERIE

State  
PA

Zip Code  
16506-3656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
VP, Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.14

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390102710624

Amount of Each Receipt this Period

92.26

P/R Deduction (\$26.36 Monthly)

Full Name (Last, First, Middle Initial)

**B. James P. Stoik**

Mailing Address 7 NIAGARA PIER

City  
ERIE

State  
PA

Zip Code  
16507-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
VP, Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.76

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390104210624

Amount of Each Receipt this Period

308.00

P/R Deduction (\$88.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Sean D. Dugan**

Mailing Address 4204 TRASK AVE

City  
ERIE

State  
PA

Zip Code  
16508-3142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
VP, Recruiting & Comm Outreach

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390109410624

Amount of Each Receipt this Period

126.00

P/R Deduction (\$36.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

526.26



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. William D. Gheres**

Mailing Address 120 MADELINE DR

City

EDINBORO

State

PA

Zip Code

16412-2764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

Dir, Retirement Planning & Adm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.37

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390181010624

Amount of Each Receipt this Period

94.01

P/R Deduction (\$26.86 Monthly)

Full Name (Last, First, Middle Initial)

**B. Andrew G. Putnam**

Mailing Address 1722 GRIST MILL DR

City

NORTH EAST

State

PA

Zip Code

16428-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

SM-Technology Deployment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.95

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390181110624

Amount of Each Receipt this Period

193.83

P/R Deduction (\$55.38 Monthly)

Full Name (Last, First, Middle Initial)

**C. Robert W McNutt**

Mailing Address 5452 MYSTIC RDG

City

ERIE

State

PA

Zip Code

16506-7036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390182010624

Amount of Each Receipt this Period

420.00

P/R Deduction (\$120.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

707.84

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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PAGE 10 OF 52

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Joseph M. Vahey**

Mailing Address 7065 SANDY TRL

City  
ERIE

State  
PA

Zip Code  
16510-5963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP & Product Manager (Prsl)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

09 / 30 / 2014

**Transaction ID : PR390184510624**

Amount of Each Receipt this Period

420.00

P/R Deduction (\$120.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Christine L. Lucas**

Mailing Address 2152 LORWOOD DR

City  
ERIE

State  
PA

Zip Code  
16510-6324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP & Product Manager (Cmrl)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2014

**Transaction ID : PR390184810624**

Amount of Each Receipt this Period

105.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Patrick D Hesidence**

Mailing Address 2400 GLORY DR

City  
WATERFORD

State  
PA

Zip Code  
16441-5404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP, Billing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.95

Date of Receipt

09 / 30 / 2014

**Transaction ID : PR390184910624**

Amount of Each Receipt this Period

112.63

P/R Deduction (\$32.18 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

637.63

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC-Federal

Full Name (Last, First, Middle Initial)

**A. Sheryl A Rucker**

Mailing Address 3500 DUNN VALLEY RD

City State Zip Code  
ERIE PA 16509-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Erie Insurance Group Sr Counsel-Insurance Oprs

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1467.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : PR390185310624

Amount of Each Receipt this Period

544.11

P/R Deduction (\$155.46 Monthly)

Full Name (Last, First, Middle Initial)

**B. Damien C Josefiak**

Mailing Address 11114 BOTHWELL ST

City State Zip Code  
RICHMOND VA 23233-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Erie Insurance Group Field Govt Relations Spct

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : PR390188910624

Amount of Each Receipt this Period

84.00

P/R Deduction (\$24.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Belinda J Rogers**

Mailing Address 658 W 6TH ST

City State Zip Code  
ERIE PA 16507-1173

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Erie Insurance Group Counsel I

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
405.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : PR390190510624

Amount of Each Receipt this Period

150.36

P/R Deduction (\$42.96 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

778.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC-Federal

Full Name (Last, First, Middle Initial)

**A. Sue A. Pfadt**

Mailing Address 5811 SOUTHLAND DR

City State Zip Code  
 ERIE PA 16509-7817

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Erie Insurance Group

Occupation  
 Counsel II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2014

Transaction ID : PR390191210624

Amount of Each Receipt this Period

140.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Bridget H. Schoenig**

Mailing Address 5122 ROBINHOOD LN

City State Zip Code  
 ERIE PA 16509-2561

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Erie Insurance Group

Occupation  
 Sr Counsel-Insurance Oprs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2014

Transaction ID : PR390191310624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**c. David R Glod**

Mailing Address 4902 REESE RD

City State Zip Code  
 ERIE PA 16510-4304

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Erie Insurance Group

Occupation  
 VP & Sr Portfolio Mgr, Fxd Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 30 2014

Transaction ID : PR390205010624

Amount of Each Receipt this Period

315.00

P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

630.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 52  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Melvin L. Hirst**

Mailing Address 5820 FOREST XING

City State Zip Code  
ERIE PA 16506-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP, Sales Promotion & Agcy Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2014

Transaction ID : PR390207510624

Amount of Each Receipt this Period

280.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Deborah S. Masi**

Mailing Address 3012 MADEIRA DR

City State Zip Code  
ERIE PA 16506-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.27

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2014

Transaction ID : PR390208010624

Amount of Each Receipt this Period

187.11

P/R Deduction (\$53.46 Monthly)

Full Name (Last, First, Middle Initial)

**C. Kathy L. Tesore**

Mailing Address 8740 PEPPER RD

City State Zip Code  
FAIRVIEW PA 16415-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

Portfolio Mgr, External Invest

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 30 2014

Transaction ID : PR390213010624

Amount of Each Receipt this Period

96.46

P/R Deduction (\$27.56 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

563.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Diane M Stamatelatos**

Mailing Address 12147 JAMES JACK LN

City  
CHARLOTTE

State Zip Code  
NC 28277-3752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
VP, Strategic Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390215810624

Amount of Each Receipt this Period

245.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. David L Bauer**

Mailing Address 2081 MAJESTY CT

City  
AKRON

State Zip Code  
OH 44333-1282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
VP, Field Life Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390231110624

Amount of Each Receipt this Period

350.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Gary D. Veshecco**

Mailing Address 845 W TOWNHALL RD

City  
WATERFORD

State Zip Code  
PA 16441-4131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
SVP, Law & Privacy Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390232210624

Amount of Each Receipt this Period

700.00

P/R Deduction (\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1295.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC-Federal

Full Name (Last, First, Middle Initial)

**A. James K Harvey**

Mailing Address 3917 BEECH AVE

City  
ERIE

State  
PA

Zip Code  
16508-3114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

Sr Talent Management Cons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.07

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390234210624

Amount of Each Receipt this Period

164.15

P/R Deduction (\$46.90 Monthly)

Full Name (Last, First, Middle Initial)

**B. Christopher J. Zimmer**

Mailing Address 9262 HAMOT RD

City

WATERFORD

State

PA

Zip Code

16441-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

SVP, Field Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.44

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390242410624

Amount of Each Receipt this Period

334.32

P/R Deduction (\$95.52 Monthly)

Full Name (Last, First, Middle Initial)

**C. Mark Dombrowski**

Mailing Address 4361 COOPER RD

City

ERIE

State

PA

Zip Code

16510-6621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390243310624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

673.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Karen A. Kraus Phillips**

Mailing Address 611 VIRGINIA AVE

City  
ERIE

State  
PA

Zip Code  
16505-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP, Corporate Marketing Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

723.07

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390244910624

Amount of Each Receipt this Period

268.03

P/R Deduction (\$76.58 Monthly)

Full Name (Last, First, Middle Initial)

**B. Shawn C Cummings**

Mailing Address 1844 BUXTON WAY

City

BURLINGTON

State

NC

Zip Code

27215-9435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

Dir, Strategic Agency Invstmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

893.46

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390245010624

Amount of Each Receipt this Period

330.54

P/R Deduction (\$94.44 Monthly)

Full Name (Last, First, Middle Initial)

**C. David C Katovich**

Mailing Address 4325 STONE CREEK DR

City

ERIE

State

PA

Zip Code

16506-7041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP, Life Undw & Product Admn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.44

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390245710624

Amount of Each Receipt this Period

105.00

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

703.57



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Theresa M. Gamble**

Mailing Address 1049 W 24TH ST

City  
ERIE

State  
PA

Zip Code  
16502-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

Dir, Compliance Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390250510624

Amount of Each Receipt this Period

105.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Jeffrey W. Brinling**

Mailing Address 5603 STONERIDGE DR

City

FAIRVIEW

State

PA

Zip Code

16415-2243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

SVP, Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390250910624

Amount of Each Receipt this Period

343.00

P/R Deduction (\$98.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Richard F Burt Jr.**

Mailing Address 3710 VOLKMAN RD

City

ERIE

State

PA

Zip Code

16506-4759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

EVP, Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2923.15

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390251510624

Amount of Each Receipt this Period

1076.95

P/R Deduction (\$307.70 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1524.95

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC-Federal

Full Name (Last, First, Middle Initial)

A. Christina M. Marsh

Mailing Address 245 GATEWAY DR

City  
FAIRVIEW

State Zip Code  
PA 16415-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
SVP, Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : PR390251610624

Amount of Each Receipt this Period

350.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Michael A Plazony

Mailing Address 5500 STONERIDGE DR

City  
FAIRVIEW

State Zip Code  
PA 16415-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
SVP, Life

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : PR390251710624

Amount of Each Receipt this Period

364.00

P/R Deduction (\$104.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Lorianne Feltz

Mailing Address 6418 FIELD VALLEY LN

City  
FAIRVIEW

State Zip Code  
PA 16415-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
SVP, Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : PR390251810624

Amount of Each Receipt this Period

350.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1064.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC-Federal

Full Name (Last, First, Middle Initial)

A. Gregory J. Gutting

Mailing Address 529 SYBIL DR

City State Zip Code  
 ERIE PA 16505-2151

FEC ID number of contributing federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

SVP, Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1886.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2014

Transaction ID : PR390252210624

Amount of Each Receipt this Period

700.84

P/R Deduction (\$200.24 Monthly)

Full Name (Last, First, Middle Initial)

B. George D. Dufala

Mailing Address 289 NIAGARA POINT DR

City State Zip Code  
 ERIE PA 16507-2321

FEC ID number of contributing federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

EVP, Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2153.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2014

Transaction ID : PR390252610624

Amount of Each Receipt this Period

1076.95

P/R Deduction (\$307.70 Monthly)

Full Name (Last, First, Middle Initial)

c. Timothy G. NeCastro

Mailing Address 6146 SCIOTO CT

City State Zip Code  
 FAIRVIEW PA 16415-3276

FEC ID number of contributing federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

SVP, Regional Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 30 2014

Transaction ID : PR390253410624

Amount of Each Receipt this Period

175.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1952.79

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC-Federal

Full Name (Last, First, Middle Initial)

**A. Ann H Zaprazny**

Mailing Address 93 JACOBS CREEK DR

City

HERSHEY

State

PA

Zip Code

17033-8915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

SVP, Regional Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : PR390253710624

Amount of Each Receipt this Period

350.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Marcia A Dall**

Mailing Address 4891 EQUESTRIAN DR

City

ERIE

State

PA

Zip Code

16506-6617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

EVP &amp; Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2923.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : PR390254210624

Amount of Each Receipt this Period

1076.95

P/R Deduction (\$307.70 Monthly)

Full Name (Last, First, Middle Initial)

**C. John F Kearns**

Mailing Address 5804 WIND CHIME LN

City

FAIRVIEW

State

PA

Zip Code

16415-3249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

EVP, Sales &amp; Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2926.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

Transaction ID : PR390254310624

Amount of Each Receipt this Period

1078.00

P/R Deduction (\$308.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

2504.95

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

## **A. Gregory C. Page**

Mailing Address 8780 MARTHA WAY

City  
WATERFORD

State Zip Code  
PA 16441-4066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
VP & Regional Claims Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : PR390255310624**

Amount of Each Receipt this Period

210.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

## **B. Patrick J. Burns**

Mailing Address 8391 SUN LAKE DR

City  
GIRARD

State Zip Code  
PA 16417-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
VP & Regional Claims Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : PR390255410624**

Amount of Each Receipt this Period

490.00

P/R Deduction (\$140.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. Matthew W. Myers**

Mailing Address 6515 HONEY LN

City  
ERIE

State Zip Code  
PA 16509-4879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
SVP, Corporate Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : PR390255510624**

Amount of Each Receipt this Period

525.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Richard Holmgren**

Mailing Address 162 E 35TH ST

City  
ERIE

State  
PA

Zip Code  
16504-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
VP, Creative Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390255710624

Amount of Each Receipt this Period

140.00

P/R Deduction (\$40.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Kristopher C. Marrion**

Mailing Address 113 BRIARBURN LN

City

HOLLY SPRINGS

State

NC

Zip Code

27540-7733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.89

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390256510624

Amount of Each Receipt this Period

91.77

P/R Deduction (\$26.22 Monthly)

Full Name (Last, First, Middle Initial)

**C. Joseph M. Wilkerson**

Mailing Address 2541 PISCES CT

City

DUBLIN

State

OH

Zip Code

43016-9039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
VP, Field Cmrl Sales Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.02

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390256710624

Amount of Each Receipt this Period

85.26

P/R Deduction (\$24.36 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

317.03

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Raymond T. Cogan**

Mailing Address 6743 BURNSIDE LN

City

DUBLIN

State

OH

Zip Code

43016-8015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP & Branch Manager III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.19

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390256810624

Amount of Each Receipt this Period

94.43

P/R Deduction (\$26.98 Monthly)

Full Name (Last, First, Middle Initial)

**B. Mark K. Banks**

Mailing Address 5123 FLINTLOCK LN

City

ROANOKE

State

VA

Zip Code

24018-8711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390257210624

Amount of Each Receipt this Period

280.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Douglas N. Fitzgerald**

Mailing Address 2311 WEDGEWOOD WAY

City

YORK

State

PA

Zip Code

17408-9464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.75

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390257410624

Amount of Each Receipt this Period

134.75

P/R Deduction (\$38.50 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

509.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Charles M. Fletcher**

Mailing Address 181 FREEDOM DR

City

PARKERSBURG

State

WV

Zip Code

26101-8505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP & Branch Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.72

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390257710624

Amount of Each Receipt this Period

296.17

P/R Deduction (\$84.62 Monthly)

Full Name (Last, First, Middle Initial)

**B. Christy S. Yousefnejad**

Mailing Address 1022 W STERLINGTON PL

City

APEX

State

NC

Zip Code

27502-8938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP & Claims Manager I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390258710624

Amount of Each Receipt this Period

280.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Cheryl L. Mitchell**

Mailing Address 4315 ALISON AVE

City

ERIE

State

PA

Zip Code

16506-6165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP, Workplace Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

09 / 30 / 2014

Transaction ID : PR390264910624

Amount of Each Receipt this Period

252.00

P/R Deduction (\$72.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

828.17



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

## **A. Ryszard Krysiak**

Mailing Address 903 LONG POINT DR

City State Zip Code  
 ERIE PA 16505-5417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

Project Manager I (IT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.90

Date of Receipt

09 / 30 / 2014

**Transaction ID : PR390294910624**

Amount of Each Receipt this Period

147.70

P/R Deduction (\$42.20 Monthly)

Full Name (Last, First, Middle Initial)

## **B. Andrew M Eрман**

Mailing Address 3693 VOLKMAN RD

City State Zip Code  
 ERIE PA 16506-4767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP & Chief Life Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 30 / 2014

**Transaction ID : PR429108010624**

Amount of Each Receipt this Period

350.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. Brian Downs**

Mailing Address 131 Elden Street, Suite 366

City State Zip Code  
 Herndon VA 20170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Downs & Associates, Inc.

Occupation

Erie Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2014

**Transaction ID : PR429108410624**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

572.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. William N Herr Jr.**

Mailing Address 3450 TANAGER DR

City  
ERIE

State  
PA

Zip Code  
16506-1156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

VP, Corporate Actuarial

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1368.07

Date of Receipt

09 / 30 / 2014

**Transaction ID : PR431254810624**

Amount of Each Receipt this Period

505.19

P/R Deduction (\$144.34 Monthly)

Full Name (Last, First, Middle Initial)

**B. Bradley G Postema**

Mailing Address 5701 DOBLER RD

City  
GIRARD

State  
PA

Zip Code  
16417-8768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

SVP & Chief Investment Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2175.60

Date of Receipt

09 / 30 / 2014

**Transaction ID : PR444115910624**

Amount of Each Receipt this Period

808.08

P/R Deduction (\$230.88 Monthly)

Full Name (Last, First, Middle Initial)

**C. Lorrie S. Tavana**

Mailing Address 1140 SOUTHVIEW DR

City  
ERIE

State  
PA

Zip Code  
16509-2575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erie Insurance Group

Occupation

SSV--Desktop Investigations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

09 / 30 / 2014

**Transaction ID : PR486479510624**

Amount of Each Receipt this Period

84.00

P/R Deduction (\$24.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1397.27

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Brian R Dorio**

Mailing Address 344 E 5TH ST

City  
ERIE

State  
PA

Zip Code  
16507-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
Project Manager II (IT)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 30 / 2014

**Transaction ID : PR491627710624**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. Shane T Wohlrabe**

Mailing Address 406 VERMONT AVE

City  
ERIE

State  
PA

Zip Code  
16505-2336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
VP, Medical Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.54

Date of Receipt

09 / 30 / 2014

**Transaction ID : PR491635510624**

Amount of Each Receipt this Period

104.58

P/R Deduction (\$29.88 Monthly)

Full Name (Last, First, Middle Initial)

**C. Robert C Ingram III**

Mailing Address 1324 S SHORE DR APT 707

City  
ERIE

State  
PA

Zip Code  
16505-2540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erie Insurance Group

Occupation  
EVP & Chief Information Ofcr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2923.15

Date of Receipt

09 / 30 / 2014

**Transaction ID : PR491648610624**

Amount of Each Receipt this Period

1076.95

P/R Deduction (\$307.70 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1356.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Bradley C. Eastwood**

Mailing Address 600 RIDGEVIEW DR

City State Zip Code  
**ERIE PA 16505-1056**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Erie Insurance Group

Occupation

SVP, Actuarial & Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**562.10**

Date of Receipt

**09 / 30 / 2014**

**Transaction ID : PR568799110624**

Amount of Each Receipt this Period

**208.46**

P/R Deduction (\$59.56 Monthly)

Full Name (Last, First, Middle Initial)

**B. Ruben F. Fechner III**

Mailing Address 6045 FOSSILWOOD CT

City State Zip Code  
**ERIE PA 16506-7013**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Erie Insurance Group

Occupation

SVP, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1913.40**

Date of Receipt

**09 / 30 / 2014**

**Transaction ID : PR568799210624**

Amount of Each Receipt this Period

**713.44**

P/R Deduction (\$203.84 Monthly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**921.90**

**23341.06**

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. PCI PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Mailing Address 2600 South River Road

**Transaction ID : 6258555**

City	State	Zip Code
Des Plaines	IL	60018

Amount of Each Disbursement this Period

Purpose of Disbursement

011

Candidate Name

Category/  
Type

5000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Citizens For Boyle**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Mailing Address PO Box 11545

**Transaction ID : 6282230**

City	State	Zip Code
Philadelphia	PA	19116

Amount of Each Disbursement this Period

Purpose of Disbursement

011

Candidate Name

Category/  
Type

2000.00
---------

**Brendan Boyle**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 13

Full Name (Last, First, Middle Initial)

**C. Bill Foster For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address PO Box 703

**Transaction ID : 6312478**

City	State	Zip Code
Geneva	IL	60134

Amount of Each Disbursement this Period

Purpose of Disbursement

011

Candidate Name

Category/  
Type

1000.00
---------

**Rep. Bill Foster**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 14

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Randy Hultgren For Congress**

Mailing Address PO Box 717

City	State	Zip Code
St Charles	IL	60174

Purpose of Disbursement

011

Candidate Name

**Rep. Randy Hultgren**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312479**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Schock For Congress**

Mailing Address PO Box 10555

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement

011

Candidate Name

**Rep. Aaron Schock**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312480**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of Susan Brooks**

Mailing Address 13406 Birkenhead Street

City	State	Zip Code
Carmel	IN	46032

Purpose of Disbursement

011

Candidate Name

**Ms. Susan Brooks**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312481**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Delaney**

Mailing Address PO Box 60320

City  
PotomacState  
MDZip Code  
20859

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John Delaney**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312482**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Pittenger For Congress Llc**

Mailing Address PO Box 11207

City  
CharlotteState  
NCZip Code  
28220

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Robert Pittenger**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312485**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Maloney For Congress**

Mailing Address 49 East 92nd Street

City  
New YorkState  
NYZip Code  
10128

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Carolyn Maloney**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312489**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Joyce Beatty**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address PO Box 172

**Transaction ID : 6312492**

City	State	Zip Code
Columbus	OH	43216

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name

**Rep. Joyce Beatty**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 03

Full Name (Last, First, Middle Initial)

**B. Jim Jordan For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address 1709 State Route 560 South

**Transaction ID : 6312494**

City	State	Zip Code
Urbana	OH	43078

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name

**Rep. Jim Jordan**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 04

Full Name (Last, First, Middle Initial)

**C. Tiberi For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address 2931 E Dublin Granville Road  
Suite 190**Transaction ID : 6312496**

City	State	Zip Code
Columbus	OH	43231

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/ Type

1000.00
---------

Candidate Name

**Rep. Patrick Tiberi**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 12

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth	State OH	Zip Code 44281
-------------------	-------------	-------------------

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. James Renacci**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312497**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus	State OH	Zip Code 43220
------------------	-------------	-------------------

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Steve Stivers**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312498**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Fattah For Congress**

Mailing Address 3900 Ford Road Suite 12-O

City Philadelphia	State PA	Zip Code 19131
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Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Chaka Fattah**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312500**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Charlie Dent For Congress**

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement

011

Candidate Name

**Rep. Charles Dent**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

**Transaction ID : 6312502**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Bill Shuster For Congress**

Mailing Address PO Box 27

City	State	Zip Code
Hollidaysburg	PA	16648

Purpose of Disbursement

011

Candidate Name

**Rep. William Shuster**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

**Transaction ID : 6312503**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Fitzpatrick For Congress**

Mailing Address PO Box 185

City	State	Zip Code
Langhorne	PA	19047

Purpose of Disbursement

011

Candidate Name

**Rep. Michael Fitzpatrick**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2014

**Transaction ID : 6312504**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Friends of Glenn GT Thompson**

Mailing Address PO Box 1112

City	State	Zip Code
State College	PA	16804

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 00

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312505**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Mike Kelly For Congress**

Mailing Address PO Box 476

City	State	Zip Code
Lyndora	PA	16045

Purpose of Disbursement

011

Candidate Name

Category/  
Type**Rep. Mike Kelly**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 03

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312506**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Steve Fincher For Congress**

Mailing Address PO Box 11153

City	State	Zip Code
Jackson	TN	38308

Purpose of Disbursement

011

Candidate Name

Category/  
Type**Rep. Stephen Fincher**

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 08

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312664**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Bob Goodlatte For Congress Committee**

Mailing Address P.O. Box 292

City	State	Zip Code
Roanoke	VA	24002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Robert Goodlatte**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312665**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Robert Hurt For Congress**

Mailing Address PO Box 8

City	State	Zip Code
Chatham	VA	24531

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Robert Hurt**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312666**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City	State	Zip Code
La Crosse	WI	54601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ron Kind**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312667**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Moore For Congress**

Mailing Address PO Box 16646

City	State	Zip Code
Milwaukee	WI	53216

Purpose of Disbursement

011

Candidate Name

**Rep. Gwendolynne Moore**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312668**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Hagan For Us Senate Inc**

Mailing Address PO Box 29103

City	State	Zip Code
Greensboro	NC	27429

Purpose of Disbursement

011

Candidate Name

**Sen. Kay Hagan**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312669**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Gillibrand For Senate**

Mailing Address 236 Massachusetts Ave Suite 110

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement

011

Candidate Name

**Sen. Kirsten Gillibrand**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312671**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Friends Of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement

011

Candidate Name

**Sen. Charles Schumer**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312673**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	43017

Purpose of Disbursement

011

Candidate Name

**Sen. Rob Portman**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312674**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Bob Corker For Senate 2012**

Mailing Address 1910 21st Avenue South

City	State	Zip Code
Nashville	TN	37212

Purpose of Disbursement

011

Candidate Name

**Sen. Robert Corker**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312675**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Kaine For Virginia**

Mailing Address 1515 Confederate Ave

City	State	Zip Code
Richmond	VA	23227

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Timothy Kaine**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312677**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends Of Mark Warner**

Mailing Address 201 North Union Street Suite 300

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mark Warner**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312678**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Manchin For West Virginia**

Mailing Address PO Box 5202

City	State	Zip Code
Charleston	WV	25361

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Joe Manchin III**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312679**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Tammy Baldwin For Senate**

Mailing Address P.O. Box 696

City Madison	State WI	Zip Code 53701
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Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tammy Baldwin**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312680**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tim Murphy For Congress**

Mailing Address P.O. Box 24551

City Pittsburgh	State PA	Zip Code 15234
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Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tim Murphy**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : 6312681**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. IPAC**Mailing Address 201 North Illinois Street  
Suite 1410

City Indianapolis	State IN	Zip Code 46204
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Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317563**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

52000.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Friends of Bill Haine**

Mailing Address P.O. Box 67

City	State	Zip Code
Alton	IL	62002

Purpose of Disbursement  
, STATE SENATE IL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317555**

Amount of Each Disbursement this Period

500.00
--------

, STATE SENATE IL

Full Name (Last, First, Middle Initial)

**B. Citizens for Antonio 'Tony' Munoz**

Mailing Address PO Box 09112

City	State	Zip Code
Chicago	IL	60609

Purpose of Disbursement  
Antonio Munoz, STATE SENATE 1st IL

Candidate Name

**Senator Antonio Munoz**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317557**

Amount of Each Disbursement this Period

250.00
--------

Antonio Munoz, STATE SENATE 1st IL

Full Name (Last, First, Middle Initial)

**C. Citizens for Christine Radogno**Mailing Address 1011 State Street  
Suite 120

City	State	Zip Code
LaGrange	IL	60525

Purpose of Disbursement  
Christine Radogno, STATE SENATE 41st IL

Candidate Name

**Senator Christine Radogno**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317559**

Amount of Each Disbursement this Period

250.00
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Christine Radogno, STATE SENATE 41st IL

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Committee for Frank Mautino**

Mailing Address P.O. Box 36

City	State	Zip Code
Spring Valley	IL	61362

Purpose of Disbursement  
, STATE HOUSE IL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317560**

Amount of Each Disbursement this Period

500.00
--------

, STATE HOUSE IL

Full Name (Last, First, Middle Initial)

**B. Citizens for Durkin**

Mailing Address 4719 Grand Ave

City	State	Zip Code
Western Springs	IL	60558

Purpose of Disbursement  
Jim Durkin, STATE HOUSE 82nd IL

Candidate Name

**IL Rep. Jim Durkin**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317562**

Amount of Each Disbursement this Period

250.00
--------

Jim Durkin, STATE HOUSE 82nd IL

Full Name (Last, First, Middle Initial)

**C. Matt Lehman for State Representative**

Mailing Address 663 Lehman Street

City	State	Zip Code
Berne	IN	46711

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317564**

Amount of Each Disbursement this Period

500.00
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, STATE HOUSE IN

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. VoteCarbaugh.com**

Mailing Address 7928 Claridge Place

City	State	Zip Code
Fort Wayne	IN	46825

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317565**

Amount of Each Disbursement this Period

500.00
--------

, STATE HOUSE IN

Full Name (Last, First, Middle Initial)

**B. Bob Heaton for State Representative Committee**

Mailing Address P.O. Box 9629

City	State	Zip Code
Terre Haute	IN	47808

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317566**

Amount of Each Disbursement this Period

500.00
--------

, STATE HOUSE IN

Full Name (Last, First, Middle Initial)

**C. Elect Kevin Mahan State Representative**

Mailing Address 305 E. Fairlane Drive

City	State	Zip Code
Hartford City	IN	47348

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317567**

Amount of Each Disbursement this Period

500.00
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, STATE HOUSE IN

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Torr for Representative Committee**

Mailing Address 11944 Etsy Way

City	State	Zip Code
Carmel	IN	46033

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317568**

Amount of Each Disbursement this Period

500.00
--------

, STATE HOUSE IN

Full Name (Last, First, Middle Initial)

**B. The Mayfield Group**

Mailing Address 50 South Madison Street

City	State	Zip Code
Mooreville	IN	46158

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317569**

Amount of Each Disbursement this Period

500.00
--------

, STATE HOUSE IN

Full Name (Last, First, Middle Initial)

**C. Hoosiers for Holdman**

Mailing Address 7617 West Jefferson Blvd

City	State	Zip Code
Ft. Wayne	IN	46804

Purpose of Disbursement  
, STATE SENATE IN

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317570**

Amount of Each Disbursement this Period

500.00
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, STATE SENATE IN

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Friends of Doug Eckerty**

Mailing Address P.O. Box 55

City	State	Zip Code
Yorktown	IN	47396

Purpose of Disbursement  
, STATE HOUSE IN

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317571**

Amount of Each Disbursement this Period

500.00
--------

, STATE HOUSE IN

Full Name (Last, First, Middle Initial)

**B. OIIPAC**Mailing Address 172 East State Street  
Suite 201

City	State	Zip Code
Columbus	OH	43215-4321

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317572**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Committee for Jim Hughes**Mailing Address 14 East Gay Street  
2nd Floor

City	State	Zip Code
Columbus	OH	43201

Purpose of Disbursement  
Jim Hughes, STATE SENATE 16th OH

Candidate Name

**OH Sen. Jim Hughes**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317573**

Amount of Each Disbursement this Period

500.00
--------

Jim Hughes, STATE SENATE 16th OH

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Citizens for Stinziano**

Mailing Address 550 East Walnut Street

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement  
Michael Stinziano, STATE HOUSE 25th OH

Candidate Name

**OH Rep. Michael Stinziano**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317574**

Amount of Each Disbursement this Period

500.00
--------

Michael Stinziano, STATE HOUSE 25th OH

Full Name (Last, First, Middle Initial)

**B. Citizens for Bishoff**

Mailing Address 545 E. Town Street

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement  
Heather Bishoff, STATE HOUSE 20th OH

Candidate Name

**OH Rep. Heather Bishoff**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317576**

Amount of Each Disbursement this Period

500.00
--------

Heather Bishoff, STATE HOUSE 20th OH

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Schiavoni for State Senate**

Mailing Address 87 Westchester Drive

City	State	Zip Code
Youngstown	OH	44515

Purpose of Disbursement  
Joe Schiavoni, STATE SENATE 33rd OH

Candidate Name

**OH Sen. Joe Schiavoni**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317579**

Amount of Each Disbursement this Period

500.00
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Joe Schiavoni, STATE SENATE 33rd OH

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Kevin Bacon for State Senate**

Mailing Address 6641 N. High Street

City	State	Zip Code
Worthington	OH	43085

Purpose of Disbursement  
Kevin Bacon, STATE SENATE 3rd OH

Candidate Name

**OH Sen. Kevin Bacon**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317581**

Amount of Each Disbursement this Period

500.00
--------

Kevin Bacon, STATE SENATE 3rd OH

Full Name (Last, First, Middle Initial)

**B. Citizens for Obhof**

Mailing Address 5206 Crown Pointe Drive

City	State	Zip Code
Medina	OH	44256

Purpose of Disbursement  
Larry Obhof, STATE SENATE 22nd OH

Candidate Name

**OH Sen. Larry Obhof**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317590**

Amount of Each Disbursement this Period

500.00
--------

Larry Obhof, STATE SENATE 22nd OH

Full Name (Last, First, Middle Initial)

**C. Citizens for John Cullerton**Mailing Address 29 S. LaSalle Street  
Suite 936

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
, STATE SENATE IL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : 6317597**

Amount of Each Disbursement this Period

750.00
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, STATE SENATE IL

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Kasich/Taylor for Ohio**

Mailing Address P.O. Box 06590

City	State	Zip Code
Columbus	OH	43206

Purpose of Disbursement  
, GOVERNOR OH

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

**Transaction ID : 6320277**

Amount of Each Disbursement this Period

2500.00
---------

, GOVERNOR OH

Full Name (Last, First, Middle Initial)

**B. Cupp for State Representative Committee**

Mailing Address 3003 W. Hume Road

City	State	Zip Code
Lima	OH	45806

Purpose of Disbursement  
, STATE HOUSE OH

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	08	/	2014

**Transaction ID : 6320293**

Amount of Each Disbursement this Period

500.00
--------

, STATE HOUSE OH

Full Name (Last, First, Middle Initial)

**C. Citizens to Eelct Tom Cross**Mailing Address 24047 W Lockport Street  
Suite 201

City	State	Zip Code
Plainfield	IL	60544

Purpose of Disbursement  
Void - Citizens to Eelct Tom Cross

Candidate Name

**Representa Tom Cross**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 6390230**

Amount of Each Disbursement this Period

-500.00
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Void - Citizens to Eelct Tom Cross

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

Erie Indemnity Company PAC-Federal

### A. Citizens for Rauner

011

1000.00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

### B. Friends of Anthony Brown

MM / DD / YYYY

011

Age Group	Percentage
18-24	10.00
25-34	15.00
35-44	20.00
45-54	25.00
55-64	30.00
65-74	35.00
75-84	40.00
85+	45.00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

### C. Committee to Elect Paul Tine

09 / 17 / 2014

011

-500.00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Ralph Hise for NC Senate**

Mailing Address P.O. Box 86

City	State	Zip Code
Spruce Pine	NC	28777

Purpose of Disbursement  
Void - Ralph Hise for NC Senate

011

Candidate Name

**NC Sen. Ralph Hise Jr**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : 6418946**

Amount of Each Disbursement this Period

-500.00

Void - Ralph Hise for NC Senate

Full Name (Last, First, Middle Initial)

**B. Gunn for NC Senate**Mailing Address 300 N. Salisbury Street  
P.O. box 308

City	State	Zip Code
Burlington	NC	27216

Purpose of Disbursement  
Void - Gunn for NC Senate

011

Candidate Name

**NC Sen. Rick Gunn Jr.**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : 6418947**

Amount of Each Disbursement this Period

-500.00

Void - Gunn for NC Senate

Full Name (Last, First, Middle Initial)

**C. Wesley Meredith for Senate**

Mailing Address P.O. Box 27398

City	State	Zip Code
Fayetteville	NC	28314

Purpose of Disbursement  
Void - Wesley Meredith for Senate

011

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : 6418948**

Amount of Each Disbursement this Period

-1000.00

Void - Wesley Meredith for Senate

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Wesley Meredith for Senate**

Mailing Address P.O. Box 27398

City	State	Zip Code
Fayetteville	NC	28314

Purpose of Disbursement  
, STATE SENATE NC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : 6418967**

Amount of Each Disbursement this Period

1000.00
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, STATE SENATE NC

Full Name (Last, First, Middle Initial)

**B. Gunn for NC Senate**Mailing Address 300 N. Salisbury Street  
P.O. box 308

City	State	Zip Code
Burlington	NC	27216

Purpose of Disbursement  
Rick Gunn, STATE SENATE 24th NC

Candidate Name

**NC Sen. Rick Gunn Jr.**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : 6418968**

Amount of Each Disbursement this Period

500.00
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Rick Gunn, STATE SENATE 24th NC

Full Name (Last, First, Middle Initial)

**C. Ralph Hise for NC Senate**

Mailing Address P.O. Box 86

City	State	Zip Code
Spruce Pine	NC	28777

Purpose of Disbursement  
Ralph Hise, STATE SENATE 47th NC

Candidate Name

**NC Sen. Ralph Hise Jr**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : 6418969**

Amount of Each Disbursement this Period

500.00
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Ralph Hise, STATE SENATE 47th NC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Erie Indemnity Company PAC-Federal**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Paul Tine**

Mailing Address P.O. Box 12

City	State	Zip Code
Kitty Hawk	NC	27949

Purpose of Disbursement  
Paul Tine, STATE HOUSE 6th NC

Candidate Name

**NC Rep. Paul Tine**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2014

**Transaction ID : 6418970**

Amount of Each Disbursement this Period

500.00
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Paul Tine, STATE HOUSE 6th NC

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00
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19000.00
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